



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations  
and individuals other than registered lobbyists)

**FORM ORG**

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:

☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

Year of Report 20 13

Contact person Lindsey Parks Phone 813-206-2984  
Organization WellCare Health Insurance of AZ, Inc. dba 'Ohana Health Plan  
Mailing Address 8735 Henderson Road, Ren 2  
Tampa, FL 33634

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ \$3,476.81

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials		7. Entertainment & Events	
2. Media Advertising		8. Food & Beverages	
3. Telephone and other forms of Telecommunications		9. Gifts	
4. Postage		10. Loans	
5. Compensation Paid to Lobbyists	\$3,476.81	11. Other Disbursements	
6. Fees (other than to Lobbyists)		TOTAL EXPENDITURES	\$3,476.81

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Wendy Morriarty	Plaza at Mill Town	\$798.66
Jeffrey Torres	94-450 Mokuloa Street	\$650.00
Christine Karamatsu	Suite #106	\$0
	Waipahu, Hawaii 96797	
William Kaneko	1001 Bishop Street, Suite 1800	\$676.05
Susan Fujimura	1001 Bishop Street, Suite 1800	\$676.05
Chrystn Eads	1001 Bishop Street, Suite 1800	\$676.05

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

(Signature of authorized person)

(Date)

Name of authorized person (type or print) Wendy Morriarty

Title of authorized person State President